



**CITY OF SOMERVILLE
BOARD OF ALDERMEN
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600**

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

**AUTOMOTIVE TRANSPORT SERVICE INC.
495 COLUMBIA ST
SOMERVILLE, MA 02143**

License #: **885**

Fee: **550.00**

Account ID: **490**

Reference #: **885**

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: For AUTOMOTIVE TRANSPORT SERVICE INC. Business Location: 495 COLUMBIA ST Business Phone: 617-623-9522	
License Holder: AUTOMOTIVE TRANSPORT SERVICE INC. 495 COLUMBIA ST SOMERVILLE, MA 02143 617-623-9522	
Mailing Address: AUTOMOTIVE TRANSPORT SERVICE INC. SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JENNIFER SOUZA SECRETARY - JENNIFER SOUZA	
FID: 261201682	
Food Manager/Emergency Contact: ROBERT SOUZA 617-625-8697	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

10 VEHICLES
10 VEHICLES INSIDE

Description of Location and/or Other Conditions:

I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the BOARD OF ALDERMEN.

-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: _____ Date: 1/22/13

Print Name: J M Souza Phone: 617-623-9522

CK 3713
CITY CLERK'S OFFICE
SOMERVILLE, MA
JAN 22 A 8:54

IMPORTANT

It's time to renew your Used Car Dealer's license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee AND with evidence that your Used Car Dealer's Bond is up to date. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business:	Automotive Transport Service
Somerville Address and Zip Code:	495 Columbia St Somerville Massachusetts 02143
Phone Number of the Business:	

The Legal Name of the License Holder:	Automotive Transport Service
Street Address of the License Holder:	495 Columbia St Somerville Massachusetts 02143
City, State and Zip Code of the License Holder:	
Phone Number of the License Holder:	

Where We Should Send Mail: Name:	Automotive Transport Service
Street Address:	495 Columbia St Somerville Massachusetts 02143
City, State and Zip Code:	

Federal ID # (Do Not Give a Social Security #):	26 - 128 1652
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Emergency Contact and his/her Phone Number:	Robert Souza 617-629-9529
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Type of Business (Check Only One and Print the Names Indicated):	
<input type="checkbox"/> Sole Proprietor: Name of Owner:	
<input type="checkbox"/> Partnership (inc. LLP): Name of Partnership:	
Names of All Partners Who Own More Than 10%:	
<input type="checkbox"/> Trust: Name of Trust:	
Names of All Trustees Who Own More Than 10%:	
<input type="checkbox"/> Corporation: Name of Corporation:	Automotive Transport Service
Name of President:	495 Columbia St Somerville Massachusetts 02143
Name of Secretary:	Name of Treasurer: JMSouza
<input type="checkbox"/> LLC: Name of LLC:	
Names of All Managers:	
Other (Attach a Description of the Form of Ownership and the Names of the Owners)	

ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the Somerville Licensing Commission.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: JMSouza

Date 1/22/13



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Robert Jones

Address of taxpayer/applicant's business in Somerville: 495 Columbia St

Address of taxpayer/applicant's home in Somerville: 2 Relief St

Taxpayer/applicant's phone: day: 617-623-9522 evening: 617-625-8697

I, (print name) Robert Jones, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 22 day of

January, 2013. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

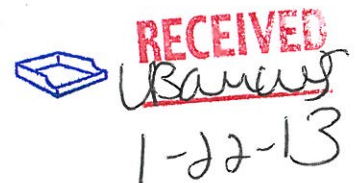
☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

3733 # 124072011 # 378 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit- General Business

Applicant information:

Name: Automotive Transport Service
Address: 495 Columbia St
Somerville, Massachusetts 02143
City: _____ State: _____ Zip: _____ Phone #: 617-622-9522

- ☐ I am an employer with 2 employees (full and/or part time).
☐ I am a sole proprietor or partnership and have no employees.
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
☐ We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type:** ☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: LM Insurance
Address: 151 Liberty Way
City: Dover State: NH Zip: 03820 Phone #: _____
Policy #: WC5 315 364 660 032 Expiration Date: 2/18/13

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] Date: 1/22/13
Print Name: [Signature]

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____

☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____